

**Best Available Copy**

FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)		APPLICANT(S)	
<b>MULTIPLE DEPENDENT CLAIM</b> SERIAL NO. <b>00/069443</b> FILING DATE		<b>CLAIMS</b>	
AS FILED		AFTER 1st AMENDMENT	
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TOTAL DEP. CLAIMS			
TOTAL IND. CLAIMS			
TOTAL CLAIMS			

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